

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52293

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		1				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1					
24	1					
25		1				
26		2				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35	1					
36	1					
37						
38		2				
39		2				
40		2				
41		2				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48	1					
49	1					
50		1				
TOTAL IND.	7					
TOTAL DEP.	51					
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		7				
TOTAL CLAIMS		42				

Parrell